

Readmission Application 2017

Filing Alert: ALL APPLICATIONS MUST BE RECEIVED BY MAY 18, 2017 FOR SUMMER 2017 4-WEEK 1 AND 7-WEEK 1; JUNE 22, 2017 FOR SUMMER 2017 4- WEEK 2; AUGUST 14, 2017 FOR FALL 2017. APPLICATIONS SUBMITTED AFTER THESE DATES WILL BE RETURNED.

Students with an overall GPA below 2.0 must obtain approval from Committee on Academic Policy and Standards (4G04) to be allowed readmittance.

I am requesting readmission to York College for the Summer Fall

CUNYfirst Empl ID: _____ Social Security Number (last four digits) _____

Name: _____
 Last First M.I.

*Address: _____

*City _____ State _____ Zip _____

*Phone: Home _____ Cell _____ Work _____

*Information will be used to update York College records

Gender: Male Female- Veteran: Yes No Visa Status _____
All students on F-1 visas must maintain full-time course of study

**Requested Major upon return: _____ Requested Minor: _____

**Any student wishing to declare *Clinical Laboratory Sciences/Medical Technology, Health & Physical Education, Nursing, Occupational Therapy, Physician Assistant, Public Health, Social Work, and Teacher Education* must complete a Declaration of Major/Minor form signed by the Department Chair.

Indicate other institution(s) attended while separated from York College (*Official transcripts must be sent to the Office of the Registrar*)
 Transfer credits will only be evaluated for school(s) that are listed below. Any omission will forfeit credit evaluation.

College Name	Dates of attendance	Credits earned
_____	_____	_____
College Name	Dates of attendance	Credits earned
_____	_____	_____

SEEK Students: SEEK counselor's signed approval required (Room 1C08) prior to submission of this form.

SEEK Counselor signature _____ Date _____

Return completed form to the Registrar's Office with a check or money order in the amount of twenty dollars (\$20.00) made payable to York College. **THIS FEE IS NOT REFUNDABLE.**

In order to attend classes at York College, all students born on or after January 1, 1957, are required to submit proof of two immunizations for measles and proof of immunizations for mumps and rubella. Additionally, **ALL** students and legal guardians (if the student is under 18 yrs) **MUST** submit a signed response form, indicating immunization (with proof) or student's choice not to obtain meningococcal meningitis vaccine. **Also, students who have not passed all three CUNY skills assessment tests may not continue as matriculated students in a senior college of the City University of New York.**

By signing below, I attest that all information entered above is true. I also acknowledge I will be required to fulfill the Pathways General Education Requirements if I have been separated from York College for two or more consecutive semesters. In addition, I also acknowledge that I will be required to fulfill the Major Requirements in the current bulletin if I have been separated from York College for three or more consecutive semesters.

Signature _____ Date _____

REGISTRAR'S OFFICE USE ONLY	
Career# <input type="checkbox"/> Non-Degree <input type="checkbox"/> Undergrad. <input type="checkbox"/> Pathways	Old Gen. Ed. Req. _____ Major Req. _____
Resident Status _____	Last Attendance _____ CAPS Action Date _____ Max Crs _____